## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N9700002599 ...... 04-17-2001 90071 036 \*\*\*\*61.25 NEW LIFE CHRISTIAN FELLOWSHIP INTERNATIONAL OF J Principal Place of Business Mailing Address 2701 HODGES BLVD. 2701 HODGES BLVD. فيست المنابع JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3446246 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH HULSEY & BUSEY 225 WATER ST., STE. 1800 JACKSONVILLE FL 32202 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE ☐ Change TITLE ZINK, PAUL D NAME NAME STREET ADDRESS 205 N WIND CT STREET ADDRESS CITY-ST-ZIP PONTE VERDE BCH FL 32082 CITY-ST-ZIP DST ☐ Delete Change Addition TITLE ZINK, SHARON NAME NAME STREET ADDRESS 205 N WIND CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONTE VERDE BCH FL 32082 ☐ Delete Change [] Addition TITLE TITLE ZINK, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS 1817 SPICEBERRY CIR E CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

of the corporation or the receiver or pustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES ZINK 4/2/11/904)223-6000